

PLEASE RETURN ASAP -
Information **CANNOT** be updated at Department Headquarters until a current form is received.

AMERICAN LEGION AUXILIARY
DEPARTMENT OF WISCONSIN
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This form is available on line
www.amlegionauxwi.org

2018-2019 Unit Officers

DO NOT LEAVE ANY POSITIONS BLANK.

Department **REQUIRES** a contact person (even if it's temporary) for each of the positions listed.

Unit City Location _____ Unit # _____
Dist # _____

(Please designate **ONE PERSON** to receive Unit mailings and other important Unit information)

President Name _____ Membership ID # _____
Address _____ City _____ Zip _____
Home phone _____ work/cell _____
Email _____

Secretary Name _____ Email _____
Address _____
City _____ Zip _____
Home phone _____ work/cell _____

Treasurer Name _____ Email _____
Address _____
City _____ Zip _____
Home phone _____ work/cell _____

(the person's remit to name & address that will be printed on the members' payment dues reminders sent from National)

Renewal Notice sent to Name _____ Email _____
Address _____
City _____ Zip _____
Home phone _____ work/cell _____

(this person will receive membership bulletins, newflashes, and the e-mailed membership report provided one is listed below)

Membership Name _____ Email _____
Address _____
City _____ Zip _____
Home phone _____ work/cell _____

(the person in the UNIT that is to receive BGS information. **DO NOT** put the delegate's name here)

Badger Girls State _____ Email _____
Address _____
City _____ Zip _____
Home phone _____ work/cell _____

Signed _____ Date _____
Person sending in form